



APPLICATION FOR A DIVISION 2 OCCUPANCY PERMIT (For a Place of Public Entertainment)

Building Act 1993 Building Regulations 2018
Part11, Regulation 1002 Form 5

TO:

The Municipal Building Surveyor Ararat Rural City Council	Telephone: (03) 53550254 Email: building@ararat.vic.gov.au
--	---

FROM:

Owner of place of Public Entertainment: <input type="checkbox"/>	On Behalf of Owner of Place of Public Entertainment: <input type="checkbox"/>
Name:	Telephone:
Address:	Facsimile:
Contact person:	Mobile:
Contact persons e-mail address:	

OWNER DETAILS: (Only if Agent of Owner listed above)

Name:	Telephone:
Address:	Facsimile:
Contact Person:	Mobile:
In accordance with Section 54 of the building Act 1993, I hereby apply for an Occupancy Permit for a Place of Public Entertainment at No..... Street/Road..... Suburb..... <div style="text-align: center; font-size: small;">(address of property where the event is proposed to be held)</div>	

NAME OF THE PROPERTY: (where applicable)

Property name:	
----------------	--

PRESCRIBED TEMPORARY STRUCTURES:

Is it proposed to have any of the below temporary structures?			
Seating stands for more than 20 persons:	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
Stages exceeding 150 m2 in floor area:	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
Tents, marquees with a floor area more than 100m2	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
Prefabricated buildings not placed directly on the ground exceeding 100m2:	YES	<input type="checkbox"/>	NO <input type="checkbox"/>

NOTE: If the answer to any of the above is yes, please provide details below

Type of structure				
Size/Capacity of structure				
Bld. Commission Permit no				
Hire company name				
Hire company contact ph no				
Note: Location of all temporary structures to be indicated on the site plan for the event				

NAME OF EVENT:

Event name:	
-------------	--

PERIOD OF OCCUPATION:

Day	MON	TUE	WED	THURS	FRI	SAT	SUN
Date							
Commencement time							
Conclusion time							

LOCATION FOR THE DISPLAY OF OCCUPANCY PERMIT Note: Must be in a prominent position accessible to the public

Permit location:	
------------------	--

NUMBER OF PERSONS: Indicate the maximum number of persons to be at the event at any one time.

Maximum Number of persons:	
----------------------------	--

SAFETY OFFICER DETAILS:

Name:		Name:	
Address:		Address:	
Mobile:		Mobile:	
Qualifications:		Qualifications:	
Email:		Email:	

TOILET FACILITIES:

Nominate the number and location of all existing and portable/temporary toilet facilities.											
Location	No of Female		No of Male			No of (unisex)		No of Disabled			
TOTAL											

DRINKING WATER: Note: The location of all drinking water fountains/taps must be nominated on the site plan.

Nominate the number of drinking water fountains/taps.	
---	--

SECURITY CROWD CONTROL:

Nominate provisions for crowd control and security	
The name of security organisation	
Contact phone number during event	
Number of crowd control officers to be used	

UNSAFE AREAS:

Are there any unsafe areas where public access should be restricted i.e. portable generators, stages etc.			
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
If yes provide details and indicate locations on the site plan			

EXITS: Note: exit locations and widths must be nominated on the site plan.

Has the location and widths of all exits been nominated on the site plan.	<input type="checkbox"/>	NO	<input type="checkbox"/>
YES			

EMERGENCY EVACUATION: Note: An emergency plan/procedure must be provided with this application.

Has an emergency plan for the event been provided YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
--	--------------------------	----	--------------------------

FIRST AID:

Nominate the proposed first aid facilities to be provided for the duration of the event	
Number of first aid officers	
Name of first aid provider	

OTHER FEATURES:

Is it proposed to have any of the following features?				
• Fireworks/Explosives/flammable Materials	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
• Amusement Rides	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
• Activities within Council’s Parks, Gardens or reserves*	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
• Activities on roadways or footpaths*	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
*Must be approved by Council				
Note: Further information will be required should the event include any of the above listed features.				

SITE PLAN: A site plan drawn to scale must be provided showing the extent of site boundary and all details as outlined above.

Has a site plan been provided indicating all of the above required features?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
--	-----	--------------------------	----	--------------------------

APPLICANTS DECLARATION:

I,			
am authorised to apply for this permit on behalf of			
Signature of Owner/Agent of Owner		Date	

- Notes:**
1. **Minimum fee of \$350.00** must be paid when making application.
 2. At least 20 working days are required for processing of a division 2 Occupancy permit.
 3. Any event held within Council’s Parks, Gardens or Reserves must be approved by Council’s Event Unit.
 4. An event on Council controlled roadways or footpaths must be approved by Council’s Engineering Department.